

Boiler and Pressure Vessel Inspection Report

DATE INSPECTED	CERT. EXP DATE	CERT POSTED YES [] NO []	INVOICE FOR INSP. YES [] NO []	JURISDICTION # AL	Nat'l BD [] or Ser # []
OWNER NAME			NATURE OF BUSINESS		PERMIT # _____ TYPE INSP INT [] EXT []
OWNER STREET ADDRESS AND P.O.BOX		OWNER CITY		OWNER STATE	OWNER ZIP
LOCATION NAME			SPECIFIC LOCATION		OBJECT LOCATION COUNTY
LOCATION ADDRESS LONGITUDE _____ LATITUDE _____			LOC CITY		LOC STATE ALABAMA LOC ZIP
TYPE BOILER FT _____ WT _____ CI _____ COIL _____ ELECT BLR _____ OTHER _____			MAN HOLE YES _____ NO _____		MANUFACTURER FUEL N/A _____
BOILER USE: Process _____ Hws _____ St Ht _____ Hwh _____ Other _____					FIRING METHOD N/A _____
TYPE PRESSURE VESSEL Air _____ Nitrogen _____ Water _____ Autoclave _____ Hot Water _____ Oxygen _____ Heat Exchanger _____ Other _____					
PRESSURE VESSEL USE Process _____ Storage _____ Service _____ Other _____ (explain)					CONTROLS TESTED YES _____ NO _____ N/A _____
DIMENSIONS (length width height etc.) indicate in. and/or ft.		BOILER CAPACITY (indicate ht surface, lbs/h btu/h etc.)		YEAR BUILT	ASME CODE SYMBOL
MAWP	NO. OF SAFETY-RELEIF VALVES	SAFETY-RELIEF VALVES SET AT	TOTAL SAFETY-RELIEF VALVE CAPACITY, lbs/h btu/h cfm etc.)		PRESSURE GAGE TESTED? YES _____ NO _____
Special Billing Instructions: Send Invoice to: Owner [] Location [] Contact Name _____ Send Certificate to Owner [] Location [] phone number _____					

Violations / required action / compliance date(s) Fee Schedule: CERTIFICATE _____ INSPECTION _____

Signature of Inspector I certify this is a true and correct report of my inspection.	Inspector AL CoC #	Company Name	Contact and phone number
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